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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

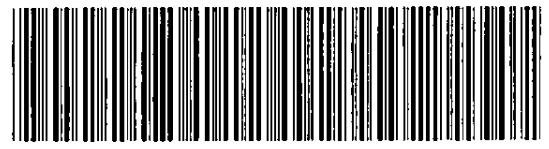
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MS

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: JENA 10/17

	CERTIFIED COPY	_____	2021 OCT 17 10 30 AM JEN INC
XX	PHOTOCOPY	_____	
	CUS	_____	
XX	FILING	INC _____	

1. WEST BAY SERVICING, INC.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: West Bay Servicing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

190 Elgin Avenue, c/o Walkers Corporate Services  
George Town, Grand Cayman KY1-9008  
Cayman Islands

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which corporations  
may be organized under the Florida Business Corporations Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 , par value of \$0.01 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John Mulholland, CEO & Director Name and Title: \_\_\_\_\_

Address 190 Elgin Avenue, c/o Walkers Corporate Services Address: \_\_\_\_\_  
George Town, Grand Cayman KY1-9008  
Cayman Islands

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
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Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Universal Registered Agents, Inc.

Address: 1317 California Street

Tallahassee, FL 32304

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: John Mulholland

Address: 190 Elgin Avenue, c/o Walkers Corporate Services

George Town, Grand Cayman KY1-9008, Cayman Islands

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

/s/ Kent Rockwell

10/17/2024

Required Signature/Registered Agent Kent Rockwell VP

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

John Mulholland

Required Signature/Incorporator

Date October 17, 2024